

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027878

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 120 Primary Registration District No. Registrar's No. 69

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 19 1963

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Albany</u>		c. CITY OR TOWN <u>Gentry</u>	
Length of stay in 1b <u>2 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Grant City, Missouri</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>LELA</u> Middle <u>MAE</u> Last <u>SMITH</u>			4. DATE OF DEATH Month <u>July</u> Day <u>14</u> Year <u>1963</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/30/183</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and state or country) <u>Quitman, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>					

13a. FATHER'S NAME <u>Richard Ballou</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Woodard</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Richard Ballou, Sheridan, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MEADALLARY FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>NONE</u>
DUE TO (b) <u>CEREBROVASCULAR ACCIDENT</u>		<u>56 hours</u>
DUE TO (c) <u>DIABETIC ARTERIOSCLEROSIS</u>		<u>YEARS</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>RENAL INSUFFICIENCY &amp; UREMIC ACIDOSIS</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>7:45</u> a.m. <u>14</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Grant City, Mo.</u>	COUNTY <u>Missouri</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>1956</u> to <u>July 14, 1963</u> and last saw her alive on <u>July 13, 1963</u> Death occurred at <u>July 14, 7:45 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Richard L. Smith</u>	22b. ADDRESS <u>Grant City, Mo.</u>	22c. DATE SIGNED <u>7-15-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>July 17, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>
23d. LOCATION (City, town, or county) <u>Grant City, Missouri</u>		(State)

24. FUNERAL DIRECTOR <u>Brooks-Cochell Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>7-16-63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

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VS 300  
Rev. 4/59

10380  
20380

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Recd  
7-16-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ronald E. Cochran

Licensed Embalmer No. 1868

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Recd for info. 8-21-63